## Quantity Purchase Agreement With The State Of Indiana

Vendor INDIANA CORRECTIONAL INDUSTRIE

Remit to: 2010 E NEW YORK ST

**INDIANAPOLIS IN 46201** 

INDIANA CORRECTIONAL INDUSTRIE

Address of Vendor: 2010 E NEW YORK ST

Name and

**INDIANAPOLIS IN 46201** 

**Qty Purchase Agreement QPA Number** Page 000000000000000000036024 1 **of** 2

Requisition Nbr.: **Feminine Care Products** 

Effective Date: 08/31/2019 **Expiration Date:** 08/30/2021

Agency Number:

Facility: ASA-19-102 Vendor ID: 9948

Vendor Telephone Nbr: 317/955-6800--Name Of Contact Pers: JOHN RARDIN Contact Email: jrardin@doc.in.gov **FAX Number:** 317/234-7636--

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

## Line Number Quantity UNIT **Article and Description Unit Price**

This is an award of a Quantity Purchase Agreement for Feminine Care Products. The vendor is Indiana Correctional Industries.

Vendor Contact Information: Mike Jones Mjones2@idoc.in.gov 317-838-7129 x 109

IDOA Vendor Contract Manager Ann Walker AnWalker2@idoa.in.gov 317-234-2142

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and could be more or less.

1	99,999,999.00 CS	00000000100331004 Pad, Maxi, Non-Vended, Super, Total Absorbency, 134-160 Grams, Overall Weight 11.6-15 Grams, Overall Length 9"-9.6", width 2.5"-3:, Thickness .34"7", Straight, Non-Individually Wrapped, 12/pkg (288/cs)	13.5400
2	99,999,999.00 CS	00000000100331005 Pad, Maxi, Non-Vended, Super, Total Absorbency, 134-160 Grams, Overall Weight 11.6-15 Grams, Overall Length 9"-9.6", width 2.5"-3:, Thickness .34"7", Straight, Individually Wrapped, 12/pkg (288/cs)	14.1100
3	99,999,999.00 CS	00000000100331006 Pad, Super Plus/Maximum Protection, Non-Vended, Total absorbency, 150-180 Grams, Overall Weight 13-16 Grams, Overall Length 0"-10.5", Width 2.5"-3", Minimum Thickness 0.6-0.9", Straight, non-individually wrapped, 12/pkg (288/cs)	16.9900
4	99,999,999.00 CS	00000000100331007 Pad, Super Plus/Maximum Protection, Non-Vended, Total absorbency, 150-180 Grams, Overall Weight 13-16 Grams, Overall Length 0"-10.5", Width 2.5"-3", Minimum Thickness 0.6-0.9", Straight, Individually wrapped, 12/pkg (288/cs)	17.2800
5	99,999,999.00 CS	00000000100331008 Tampon, Regular Absorbency, Cardboard Applicator, Individually Wrapped, (500/cs)	46.5000
6	99,999,999.00 CS	00000000100331009 Tampon, Regular Absorbency, Cardboard Applicator, Individually Wrapped, 10/pkg (50/cs)	46.5000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

CS Case

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Name and Address of Vendor:

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2 **of** 2 Requisition Nbr.: **Feminine Care Products** 

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UNIT **Unit Price** Line Number Quantity **Article and Description** 

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis. Indiana 46204			

Telephone: (317) 232-3150